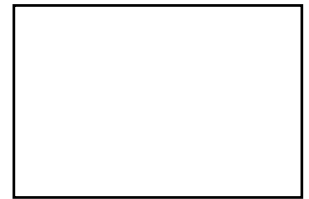


THE HISTORIC COCOA VILLAGE PLAYHOUSE

35 Seasons of "Broadway on Brevard"

AUDITION APPLICATION

STARS of Tomorrow



PLEASE FILL OUT THIS FORM USING A PEN. MAKE SURE WE CAN CLEARLY READ YOUR INFORMATION!

Name (Last) (First) Current Age Email Address

School Attending Year/Grade Your GPA Telephone

Address City State Zip Date of Birth

Height Have you been in STARS before? If so, which year(s)?

- List previous performing experience (attach resume if available): If you need additional space, you may write on the back of this form.

- List previous performing arts training (include type, number of years you have studied, and your instructors): If you need additional space, you may write on the back of this form.

- List your vocal training (number of years studied, and your teachers): If you need additional space, you may write on the back of this form.

List any extracurricular activities you are presently involved in:

Table with columns: Activity, Day of Week, Time

- Any health or emotional conditions of which the Director needs to be aware?

- Why would you like to participate in STARS of Tomorrow?

- Additional information you would like the Director to know:

I understand and agree that if I am cast, it is my responsibility to be on time and attend rehearsals and performances. Unexcused absences or last-minute absences are not permitted and may result in removal from the program. Excused absences may be obtained in advance from the Directors within a reasonable timeframe. It is also my responsibility to learn the material and be prepared for rehearsals and performances. Due to the evolving nature of certain illnesses, masks may be required rehearsals and/or performances. By signing this document, you agree to wear a mask and follow all other mitigation efforts necessary to help prevent the spread of illnesses.

Signature of Applicant Telephone Date

Parent Telephone Date